

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type:: **Regular**

Subject Matter:: **Utility**

CD-ROM or CD-R?: **None**

Number of CD disks::

Number of copies of CDs::

Sequence submission?: **None**

Computer Readable Form (CRF)?:

Number of copies of CRF::

Title::

Attorney Docket Number::

Request for Early Publication?: **Yes**

Request for Non-Publication?: **Yes**

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?: **Yes**

Petition Included?: **Yes**

Petition Type::

APPLICANT INFORMATION

Applicant Authority Type:: **Inventor**

Primary Citizenship::

Country::

Status:: **Full Capacity**

Given Name:: **Daisuke**

Middle Name::

Family Name:: SHIBA

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship::

Country::

Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship::

Country::

Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 02292

REPRESENTATIVE INFORMATION

Representative Customer Number::	02292
----------------------------------	-------

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application			

FOREIGN PRIORITY INFORMATION

Country::	Application Number::	Filing Date::	Priority Claimed::

ASSIGNEE INFORMATION

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::